



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT
SCHOOL TO CAREER
INTERNSHIP ENROLLMENT FORM**



Student Last Name	First	Birth Date	Student ID	M/F	Grade	School
Address – Apt. #		City		State		Zip Code
Telephone		Counselor				
Name of Business		Address-Bldg./Unit #		City		State Zip Code
Student's Supervisor		Title		Telephone/Extension		
Supervising Teacher		Date Enrolled		Internship Schedule Dates & Times		
Site Visitation By: _____						
Comments: _____						

COPY

CONTRACTUAL TRAINING AGREEMENT

The School to Career Work Site (STCWS) will:

- (Complete copy must be kept with personnel records for government audits.)
1. Adhere to all Federal and State regulations regarding nondiscriminatory practices regarding sex, race, age, handicap, and other applicable regulations.
 2. Understand that Conejo Valley Unified School District will cover the STC work experience education student for worker's compensation.
 3. Maintain compliance with STC work experience education requirements.
 4. Assist the STC work experience education student in fulfilling the training plan.
 5. Consult teacher about any difficulties.
 6. Understand pupil is not entitled to California Unemployment or Disability Insurance or compensation of any kind.
 7. Assist in the evaluation of the student and provide time for consultation with the teacher.
 8. Understand that the student is not to replace an employee and is not to perform productive work.
 9. Allow the student to observe and explore the career field of _____

Not to exceed _____ total hours.

1. Maintain good records at school in other subjects, in citizenship and in attendance.
2. Arrange a schedule to allow ample time for study and rest.
3. Inform the teacher before quitting.
4. Notify the STCWS if illness or emergency prevents attendance.
5. Not go to STCWS on any day absent from school.
6. Understand that he/she is not entitled to California Unemployment or Disability Insurance or Compensation of any kind.
7. Satisfactorily complete the Internship.
8. Meet all learning Objectives.
9. Attend and participate in the Internship Class, and complete Time Sheet and Daily Journal as required.

Signature of Student Date

The Parent / Guardian will:

1. Approve enrollment of the student in the STCWE Internship.
2. Assist the pupil in complying with his / her responsibilities
3. Relieve the Conejo Valley Unified School District, School to Career Work Site and employees thereof of any liability in connection with the School to Career Work Experience Internship.
4. Assume full responsibility for the pupil's actions in transit between the school, the STCWS and / or home.

Signature of Parent Date
Comments _____

Signature of Work Site Supervisor Date

The Teacher will:

1. Supervise the student as required and confer with the STCWS in preparing a grade for the purpose of evaluating the performance and offer guidance to the student.
2. Provide the necessary related instruction.
3. Maintain accurate and complete records on the student.
4. Assist the student in preparation of all necessary forms including the Learning Objectives Contract.

Signature of Teacher Date

The Pupil will: